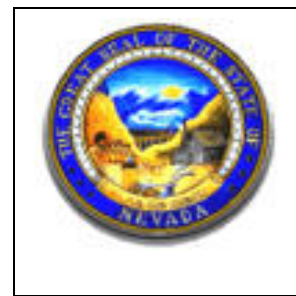


# Nevada State Board of Massage Therapists

111 W. Telegraph St. Suite 200

Carson City, NV 89703

## INSTRUCTION SHEET FOR CURRENTLY LICENSED MASSAGE THERAPISTS IN NEVADA -



An application form for a Massage Therapist License is enclosed. Please read these instructions very carefully and then complete the application. Incomplete applications may cause delays in processing your application. If you have questions about completing the application, please visit our website at <http://massagetherapy.nv.gov> for a list of frequently asked questions or to email the board.

An application file is considered "open" when the Board has received the appropriately completed application and the non-refundable Application and License fees with all of the required attachments. Applications become the property of the board.

### ALL APPLICATIONS MUST INCLUDE THE FOLLOWING:

1. A signed massage license application with all required supporting documentation attached.
2. A money order or cashier check in the amount of \$200.00. Make checks or money orders payable to Nevada State Board of Massage Therapists. All fees are NON – REFUNDABLE.
3. Photocopies of required documents include:
  - a. current massage license
  - b. State issued photo ID, work card or other documentation that will assist us in processing your application
  - c. Green Card – if applicable
  - d. Passport size and type color Photograph, please print your name and date on the bottom of the photo
    - i. Original color photo only
    - ii. No larger than 3" x 3" Close up, front view of FACE – no profile
    - iii. Taken within 60 days of application date
4. A signed and notarized "Affidavit of Applicant" (see page 3 of the application).
5. A State of Nevada and an FBI criminal background investigation is required pursuant to obtaining a Nevada State Board of Massage Therapists license.
  - a. The Board will consider proof of a previous background check performed by a Nevada law enforcement agency. A Criminal History Attachment Form must be completed by your local business license office or the office where you obtained your massage license, to provide evidence of a previous background check. Mail this form with your application directly to the Nevada State Board of Massage Therapists. Some jurisdictions have submitted a blanket statement to the Board indicating they perform background checks. If your license office refuses to sign the criminal history attachment, ask if they have sent the blanket statement to the board.

- OR -
  - b. If an applicant applies for a license from the Board and a criminal background investigation has not been completed in Nevada, per NRS640C.400, section 5, a State of Nevada and an FBI criminal background investigation will be required. To complete this step the applicant is asked to go to a local law enforcement agency to get fingerprinted. Two fingerprint cards are required. Mail both of the fingerprint cards and the release form (id form dps-006) with your completed application to the Nevada State Board of Massage Therapists. An additional fee is required for the criminal investigation service. If applicable, please submit an additional check for \$100.00 payable to the Nevada State Board of Massage Therapists.

Note: See attached list of agencies that perform fingerprinting services. The fingerprinting service or technician may charge you a separate fee to take your fingerprints.

#### In Review

This application is only for currently licensed massage therapists. License is valid for one year from date of issue. In order to apply for a license you must meet the requirements as listed below:

- a. Holds a current license to practice massage therapy issued before July 1, 2007, by a county, city or town of this State that regulates the practice of massage therapy: **and**
- b. Applies to the Board for a license before July 1, 2007

Include all fees applicable in Cashiers Check or Money Order payable to Nevada State Board of Massage Therapists...(personal checks will not be accepted). All fees are NON REFUNDABLE. If a criminal background investigation is required, please submit the additional payment for this service.

#### ADDITIONAL INFORMATION

An application must be "administratively complete" before the Board will review and rule on the application. In order to be considered "administratively complete" the board must have received a completed application form, a fingerprint report from the Department of Public Safety and the FBI (if applicable), and all required supporting documentation and fees. The application may then be considered by the Board for approval.

- Each applicant has the responsibility to contact information sources (i.e., schools, municipalities, licensing boards, court records) to verify that the materials required for an application to be considered administratively complete have been sent to the Board, (example: NCBTMB, State verification(s), conviction records and official transcripts.)
- Applicants must submit in writing any address changes, phone numbers and name changes within 15 days (a copy of your court documents are required for name changes such as marriage certificate or divorce decree is required).

If you would like a copy of the State Massage Board's Law and Rules you may download them for free from the Board's website <http://massagetherapy.nv.gov> or by visiting the State of Nevada Law Library <http://leg.state.nv.us> and accessing NRS 640C

Return completed application and all information to the Board:

Nevada State Board of Massage Therapists

111 W Telegraph St., Ste 200

Carson City, NV 89703



## Nevada State Board of Massage Therapy

111 W. Telegraph St. Suite 200

Carson City NV 89703

Email: [www.nvmassagebd@state.nv.gov](mailto:www.nvmassagebd@state.nv.gov)

Website: <http://massagetherapy.nv.gov>

### Massage Therapist Application For currently licensed Nevada massage therapists

Please type or print legibly all portions of this application. All of this application must be filled in so use N/A for items not applicable. Incomplete applications will not be processed.

Applicant Name Last		First		Middle Initial	
List all other names previously or currently being used by you					
Residence address (do not list Post Office boxes or mailbox drop addresses)					
Street		City		State	Zip
Residence address (if less than 1 year)					
Street		City		State	Zip
Mailing address (if different than the residence address)					
Street or PO Box		City		State	Zip
Business Address					
Street		City		State	Zip
Home Phone		Cell Phone		Business Phone	
				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number		Date of Birth		Place of Birth	

#### Section 1 Licensure and Training

##### Previous Licensure

List all other states and/or jurisdictions in which you have been licensed as a massage practitioner. Please attach another sheet of paper if you need more room. Please provide a copy of your most recent license.

Jurisdiction & State	License Number	Year Issued	Expiration Date

##### Massage Training

Please attach another sheet of paper if you need more room.

Name of School	City and State	Years from and to	Hours

## National Certification Board for Therapeutic Massage

Please provide a copy of your certificate

Where taken	Date Taken	Expiration Date

### Section 2 Application Screening Questions (use additional sheets of paper if needed)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage?</p> <p>If yes, complete the following:</p> <p>Date of Revocation/suspension/surrender/ or any other disciplinary action: _____</p> <p>Licensing Agency/jurisdiction that took action: _____</p> <p>Name and Address of Employer/supervisor: _____</p> <p>Reason for action: _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. Have you ever been arrested or convicted, within the 10 years immediately preceding submission of this application, of a felony or for any crime involving violence, prostitution or any other sexual offense?</p> <p>If yes, complete the following:</p> <p>Date of Charge/offense: _____</p> <p>Name and Address of Law Enforcement Agency: _____</p> <p>Charge: _____</p> <p>Disposition: _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"><li>a. A letter of explanation that addresses the impairment or limitations of practice</li><li>b. A letter of reference from you current/last employer</li><li>c. A copy of your last employment evaluation</li><li>d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</li></ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"><li>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities</li><li>b. Documentation from knowledgeable individual(s) documenting your length of sobriety</li><li>c. Documentation of inpatient or outpatient chemical dependency treatment.</li></ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"><li>a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of massage safely</li><li>b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out massage duties reliably and with good judgment.</li></ul>

### Section 3 Child Support Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am subject to a court order that requires me to pay for the support of one or more children.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am in compliance with that court order. (If you answered No to the question above, mark N/A)



## Nevada State Board of Massage Therapy

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Email: [www.nvmassagebd@state.nv.gov](mailto:www.nvmassagebd@state.nv.gov)

Website: <http://massagetherapy.nv.gov>

### Affidavit of Applicant

I, \_\_\_\_\_, certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapists any information, files or records required by the Nevada State Board of Massage Therapists in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Nevada.

I certify that I have submitted to a criminal background investigation in order to obtain my current massage license. This background investigation was done on or around \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_(city/county) issuing agency.

I certify that I have not had any disciplinary proceedings instituted against me relating to my license to practice massage and I have not been arrested or convicted, within the 10 years immediately preceding submission of this application, for any crime involving violence, prostitution or any other sexual offense.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_, who personally appeared before me.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary commission expiration date



## Nevada State Board of Massage Therapy

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Email: [www.nvmassagebd@state.nv.gov](mailto:www.nvmassagebd@state.nv.gov)

Website: <http://massagetherapy.nv.gov>

## Massage Therapist Application

### Criminal History attachment for currently licensed Nevada massage therapists

To be completed by the agency where you are currently licensed (city, county or other):

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Type of criminal background check done on applicant (if any):

☐ FBI criminal history Date done: \_\_\_\_\_

☐ Local law enforcement criminal history Date done: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Name of licensing agency/jurisdiction: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

(Official Stamp)

# Nevada State Board of Massage Therapists

## Instructions for Completion Of Fingerprint Cards

1. All applicants must complete two fingerprint cards (form FD – 258) provided by the Nevada State Board of Massage Therapists (the Board).
2. It often takes three to four months for the Nevada Department of Public Safety and the FBI to process the fingerprint cards – PLAN AHEAD!
3. Complete all requested information blocks on both cards. Make sure these areas are completed and legible: Last, first, and middle names, signatures, residence (complete Address); citizenship; date of birth; place of birth; sex; race; height; weight; eyes; hair; and social security number. Cards without all information blocks completed are considered “incomplete” and will be returned to the applicant. Illegible cards will not be processed.
4. Any law enforcement agency (highway patrol, police, sheriff) can place your fingerprints on the cards and complete the remaining required information. Fingerprinting on the coded cards provided by the Board may also be done by a medical facility that has the appropriate equipment and staff trained/certified by the State of Nevada Records and Identification Services.
5. Make Certain:
  - a. Both fingerprint cards are completed with legible fingerprints
  - b. Descriptive information is complete and legible
  - c. Both cards are signed by the appropriate persons (applicant and official)
  - d. Coded cards (Form FD-258) provided by the Board are used exclusively
6. Send a money order in the amount of \$100.00 made payable to the Nevada State Board of Massage Therapists, in an envelope with the two completed fingerprint cards to:

Nevada State Board of Massage Therapy  
111 W Telegraph St  
Suite 200  
Carson City, NV 89703

7. After the Nevada Department of Public Safety and FBI process your fingerprint cards, the Nevada State Board of Massage Therapists will be notified of the results.
8. Please Note: fingerprint results are valid for only six months after the Board receives them.

**WARNING:** It may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI. If you are eligible for a temporary license, it will only be valid for three months from the date of issuance. It is recommended you fingerprint early in the application process.

## Partial list of Fingerprinting Sites

The Nevada State Board of Massage Therapists does not endorse or recommend any organization on this list.  
(It is informational only)

### - CLARK COUNTY -

<a href="#">Henderson</a>	<a href="#">North Las Vegas</a>
Henderson Police Department 223 Lead St Henderson, NV 89015 Phone 702-267-4720	North Las Vegas Police Department 1301 E Lake Mead Blvd North Las Vegas, NV 89030 Phone: 702-633-1718
<a href="#">Mesquite</a>	<a href="#">Las Vegas</a>
Mesquite Police Department 500 Hillside Drive Mesquite, NV 89027 Phone: 702-346-5262	Las Vegas Metro PD Fingerprint Bureau 5880 Cameron Street Las Vegas, NV 89116 Phone: 702-229-3470

### - WASHOE COUNTY -

Reno Police Department 455 East Second St Reno, NV 89505 Phone: 775-334-2155	Sparks Police Department 1701 Prater Way Sparks, NV 89434 Phone: 775-353-2220
Washoe County Sheriffs Office 911 Parr Blvd Reno, NV 89512 775-328-3032	

### - ALL OTHER COUNTIES -

<a href="#">Carson City</a>	<a href="#">Douglas County</a>
Carson City Sheriffs Office 901 East Musser St Carson City, NV 89701 Phone: 775-887-2020	Douglas County Sheriffs Office 1625 Eighth St Minden, NV 89423 Phone: 775-782-9932
<a href="#">Churchill County</a>	
Fallon Police Department 55 West Williams Ave Fallon, NV 89406 Phone: 775-423-2111	Churchill Co Sheriffs Office 73 N Maine St Fallon, NV 89406 Phone: 775-423-3116
<a href="#">Elko County</a>	
Elko County Sheriffs Office 775 West Silver St Elko, NV 89801 Phone: 775-777-2502	Elko Police Department 1401 College Ave Elko, NV 89801 Phone: 775-777-7312
West Wendover Police Dept 801 Florence Way West Wendover, NV 89883 Phone: 775-644-2930	
<a href="#">Eureka County</a>	<a href="#">Esmeralda County</a>
Eureka Co Sheriffs Office	Esmeralda Co. Sheriffs Office



411 N. Main St Eureka, NV 89316 Phone: 775-237-5330	Courthouse, 233 Crook St Goldfield, NV 89013 Phone: 775-485-6393
<a href="#">Humboldt County</a>	<a href="#">Lander County</a>
Humboldt Co. Sheriffs Office Administrative Offices 25 W Fifth Street Winnemucca, NV 89445 Phone: 775-623-6419	Lander Co. Sheriffs Office State Route 305 #2 Battle Mountain, NV 89820 Phone: 775-635-1100
<a href="#">Lincoln County</a>	<a href="#">Lyon County</a>
Lincoln Co. Sheriffs Office County Courthouse Pioche, NV 89043 Phone: 775-962-5151	Lyon County Sheriffs Office 30 Nevin Way Yerington, NV 89447 Phone: 775-463-6620
	Yerington Police Dept 30 Nevin Way Yerington, NV 89447 Phone: 463-2333
<a href="#">Mineral County</a>	<a href="#">Nye County</a>
Mineral Co. Sheriff 105 South A Street Hawthorne, NV 89415 Phone: 775-945-1046	Tonopah 101 Radar Road Tonopah, NV 89049 Phone: 775-482-7358
	Beatty 426 C Avenue South Beatty, NV 89003 Phone: 775-553-2345
	Pahrump 1520 East Basin Road Pahrump, NV 89060 Phone: 775-751-4237
<a href="#">Pershing County</a>	<a href="#">Storey County</a>
Pershing Co. Sheriffs Office 395 Ninth St Lovelock, NV 89419 Phone: 775-273-2641	Storey Co. Sheriffs Office 911 Highway 341 South Virginia City, NV 89440 Phone: 775-847-0959
<a href="#">White Pine County</a>	
White Pine Co. Sheriffs Office 1785 Great Basin Blvd Ely, NV 89301 Phone: 775-289-8808	

In addition there may be private companies that provide official fingerprinting service.